

CHAPTER 3

FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

In the previous chapter, the research methodology was discussed. The present chapter discusses the results of the study. Data presentation and literature control are discussed in three phases which are: individual interviews with women who attended postnatal services, focus groups with midwives providing postnatal care and individual interviews with women who did not attend postnatal care. The results of the study are clustered to form categories, themes, sub-themes supported with quotations identified from the semi-structured interviews. Finally the findings are compared with those of other studies.

3.2 DESCRIPTION OF THE SAMPLE

In step one, seventeen women were interviewed. (n=17). Step two, two focus groups that consisted of eight and seven midwives in each group were conducted. (n=15). Step three, 10 women were interviewed.(n=10). Some of the participants were reserved and the interviewer had to work hard to get information from them.

Biographical information was collected from all three samples to provide inside into the history of the participant in the study. Details like the age of the women, number of babies a woman has, the years of midwives' experience and their academic qualifications.

From the first sample (women who attended postnatal services) their age were obtained. There were four in the age group 15 - 20 years of age, three were between 21 and 25 years old, eight were 26-30 years of age and two were between 31 and 35 years. (n=17)

The biographic information of the midwives who participated in the second step follows next.

Table 3.1: Biographical profile of midwives working in the Maternal Child Health clinic

Code as used in transcription of focus groups	Sex	Highest Qualifications	Years of experience
FGA- P1	Female	B Cur I et A Nursing Administration	15 years
FGA- P6	Female	B Cur I et A Nursing Administration	2 years
FGA- P2	Female	Diploma in general nursing and midwifery	18 years
FGA- P7	Female	Diploma in general nursing and midwifery	15 years
FGA- P4	Female	Diploma in general nursing and midwifery	20 years
FGA -- P3	Male	Diploma in general nursing and midwifery	3 years
FGA- P5	Female	Diploma in general nursing and midwifery	21 years
FGB-P6	Female	Diploma in general nursing and midwifery	21 years
FGB-P7	Female	Diploma in general nursing and midwifery	19 years
FGB-P2	Female	Diploma in general nursing and midwifery	18 years
FGB-P5	Female	Diploma in general nursing and midwifery	5 years
FGB-P1	Female	Diploma in general nursing and midwifery	6 years
FGB-P3	Female	Diploma in general nursing and midwifery	5 years
FGB-P4	Female	Diploma in general nursing and midwifery	7 years
FGB-P8	Female	Diploma in general nursing and midwifery	3 years

Most participants were females as can be expected because most members of the profession are female. Most of them have a diploma in general nursing and midwifery as highest qualification while two have an additional qualification in nursing administration. Their experience ranges from 2 years to 21 years with almost equal numbers having less or more than 10 years' experience. The midwives are therefore well experienced and could provide their perceptions based on extensive experience.

Table 3.2: Age, number of children and occupational status of women who did not attend postnatal care

Sample 3	Years of age	No of baby	Occupation of woman
Participant 1	31 years of age	Fourth baby	House wife
Participant 2	16 years of age	First baby	Factory worker
Participant 3	21 years of age	First baby	Clerk
Participant 4	26 years of age	Third baby	House wife
Participant 5	30 years of age	Second baby	Teacher
Participant 6	18 years of age	Second baby	House wife
Participant 7	22 years of age	First baby	House wife
Participant 8	21 years of age	Second baby	Nurse
Participant 9	19 yes of age	First baby	House wife
Participant 10	29 years of age	Third baby	Factory worker

The women's ages range between 16 and 31 years. The women had from their first to fourth child. Four women brought their first babies, three women had their second baby while two had their third baby and one woman brought her fourth baby to the well child clinic.

3.3 DATA ANALYSIS PROCESS

Analysis of data began by going back to the purpose of the study, as identified that depth and intensity of analysis is determined by the purpose (Botma *et al.* 2010:221). The frame work of Creswell with its six steps was used for data analysis.

Step 1: After the interviews with women and midwives, the researcher organised and prepared data for analysis that involved transcribing interviews (see Appendix G, H, I), optically scanning of the data, typing up of field notes (Appendix J), sorting and arranging data.

Step 2: All the transcripts were read through carefully several times to obtain a general meaning of the whole and the objectives of the study and questions were kept in mind throughout data analysis.

Step 3: The researcher read the transcripts several times, underlined the themes, words and phrases from the participants. All the ideas that came to the researcher's mind were written down.

The identified categories were listed and grouped into main themes and sub- themes that all significant statements were extracted and organized to make it ready to be categorized into themes, sub-themes and arranged in columns.

The researcher began a detailed analysis with a coding process. In the fourth step the coding process was used to generate a description of the themes for analysis. At this stage the two analysts compared their work and discussed the differences in order to reach the consensus

Step 5: The most descriptive wording for each theme was selected and themes divided into main themes and sub-themes. The themes were reconsidered and changed where necessary.

Step 6: The sixth was the final step in data analysis that involves making interpretation of the data. The co-analysts had a discussion about final themes.

Lastly all the data that belonged to each category were combined. The statements placed with the interview number and the page number within the interview to enable reference back to the original transcription (see appendix (G, H, I)).

Findings were discussed with experienced qualitative and educational experts (Brink *et al.*, 2006:185). The findings of this study were also reviewed in comparison with other studies. Few adjustments were made. Once again all the categorized themes and codes were revised, keeping the research objective in mind Creswell (2009:186). Data that was irrelevant to the research question and objectives were not taken into consideration.

The findings were compared with the existing body of knowledge. After the conclusion was reached on major and sub-themes, the literature was scrutinized to compare and contrast the findings and identify unique findings. According to Moule and Goodman (2009:206) this

process is suitable for the inductive process of qualitative research, as the literature does not direct the study but provide supporting evidence.

Studies where researchers reach similar or different findings were identified. In case where findings in the literature were not substantiated in this study, this study's unique findings were pointed out.

3.4 DISCUSSION OF FINDINGS

The findings of the study are discussed and arranged as follows:

Step 1: Findings regarding experiences and perceptions regarding care provided at postnatal services in Lesotho.

Step 2: Findings regarding midwives' perceptions regarding ways to improve postnatal care in Lesotho.

Step 3: Findings regarding reasons why women did not attend postnatal care in Lesotho

In the following section the general impressions after reading the transcriptions made while conducting the interviews, the findings following the data-analysis are discussed.

Each theme, its related sub-themes and supporting literature are discussed in all the steps. Extracts from the original transcripts are inserted to provide evidence that support themes and sub-themes. Themes and sub-themes were elaborated on by means of literature control, where corresponding or conflicting findings found in the literature were cited in relation with the present findings.

The quoting guide in step one and three is as follows: for example, interviewed participant number and page number of the transcribed interviews for example 1:3 while in step two or focus groups is as follows: participant number and page to get it e.g. FGA-P8.

In the first step on findings regarding experiences and perceptions regarding care provided at postnatal services in Lesotho, a total of seventeen interviews were conducted before data-saturation was obtained. Many of the women were willing to speak out about their experience and perceptions.

The first central question was *"Please tell me about your experiences while receiving postnatal care from the health care provider in the hospital, clinic and in the community?"*.

A variety of follow-up questions prompts and probes were used to reach objective one (1) namely: To explore and describe the experiences of women regarding care provided at postnatal services in Lesotho

The three (3) main themes and eleven (11) sub-themes identified during data analysis are summarized in Table 3.3.

Table 3.3 Themes and sub-themes regarding women’s experiences with postnatal care

Themes	Sub-themes
3.4.1 Positive experiences	3.4.1.1 Satisfaction with the postnatal services
3.4.2 Negative experiences	3.4.2.1 Participants felt neglected 3.4.2.2 Participants were unsatisfied with services 3.4.2.3 Participants felt humiliated 3.4.2.4 Increase of skilled midwives
3.4.3 Suggestions of women of ways to improve postnatal care	3.4.3.1 There should be more skilled qualified midwives 3.4.3.2 Midwives should receive regular in-service training 3.4.3.3 Staff should be encouraged to treat patients with respect 3.4.3.4 Staff should first attend to women who come early 3.4.3.5 Maternal child services should be integrated 3.4.3.6 Women should receive health education regarding postnatal care services

3.4.1 Positive experiences

3.4.1.1 Satisfaction with postnatal care services

In this study a few women expressed satisfaction about the postnatal services they received at health facilities. These women felt that services were good as they experienced no problems.

“ Ooch.....they (nurses), services are good I have not had any problem, I cannot talk bad about them because they served me well. ” (2:112)

“Yees...’me, services are good I have not had any problem.” (11:121)

The participants in the study done in Tanzania, Mrisho *et al.* (2009:7) also noted that women were happy and satisfied about the postnatal services provided and cited that postnatal care

met their needs. Lewis (2009:793) in her study done in an urban area of the north of England found that the majority of women viewed the opportunity of appointment time with the midwife at the postnatal clinic as positive and convenient, as these allow them to take advantage of getting out of home environment after delivery. Some of the participants in the study of Fenwick *et al.* (2010:1) appreciated services, while others identified that they were dissatisfied with the maternal care they received from midwives.

3.4.2 Negative experiences

The second theme combines the comments related to negative experiences of the women regarding postnatal care they received. This theme was divided in three sub-themes:

- Women felt neglected when the midwives at health facilities fail to take care of them and not give enough attention to their individual health care needs and that of babies.
- Women felt dissatisfied as many expressed unhappiness about the postnatal care services provided to them.
- Some women felt humiliated when they were made to feel ashamed and were treated disrespectfully.

3.4.2.1 Participants felt neglected

The women who felt neglected by the midwives, had various reasons for feeling as such. Different experiences were mentioned, in the semi-structured interviews with the women about postnatal care. The current study reveals out that women are not given continued care at postnatal clinic.

"Yeees..., sometimes you find that this month you are served by a good (skilled) nurse, the other month when I come you will be served by another one." (1:111)

"..... She did not respond well and she answered me like, you do not know it is the right of the woman to bleed when she has delivered?" (13:120)

The main reasons why the women felt that they were neglected were that they wanted to be examined physically by a familiar professional midwife. The motivation emanated from the knowledge that when midwives examine the women, problems that are known or unknown to the women would be detected and treated through proper follow-up by midwives. Mrisho *et al.* (2009:6) study conducted in Tanzania affirm that the services in postnatal care target the child more and unless there is a serious issue related to maternal complications little attention is paid to the women.

3.4.2.2 Participants were unsatisfied with services

Other concerns included long queues, because women and babies had to wait in line with other patients, specifically when the woman or baby has a medical problem. If women and their babies had their own, dedicated line or service, care would be provided faster.

"When we have come to see the doctor, the sick babies queue on the same line with the adults, even when the baby is sick, when you ask the nurses, they ask you if you want to bypass other patients. I even went back home without getting help and yet the child was vomiting." (8:117).

According to Mrisho *et al.* (2009:8) some participants reported that due to shortage of skilled health care providers, they spent a lot of time waiting for postnatal services in each visit. In contrast some women felt that having a timed visit was easier and convenient as they could combine other activities when going to see a nurse-midwife for their postnatal check (Lewis, 2009:793). One participant's concern was on spending a long time waiting for service during a postnatal care visit.

"I wake up to come to the clinic at eight in the morningthen wait for those (women) who will come at twelve midday (her voice shaking) only to be given health talk together then afterwards the babies will be given the vaccinations." (Woman displayed anger on her face) (4:114)

The participants in the study of Mrisho *et al.* (2009:8) done in rural Southern Tanzania also revealed that mothers who go for weight monitoring spend less time at the postnatal clinic than those who go for vaccination. In this study women reported that they weight their babies themselves and then inform the midwife about the weight, who will then record it. Women who brought their babies for vaccination have to wait for a midwife to provide health education on vaccination and other maternal and neonatal health promotion issues. Therefore women who just come for weight monitoring do not have to wait for a long time.

A prominent reason why the women decide to come early to the health facilities for postnatal care services mentioned by most participants, was to avoid delays in receiving appropriate care and also go back home early to attend to other family duties without wasting time.

In this study it was found that education related to postnatal care was not sufficient concerning women and their baby's health during postnatal period.

"Ache..... I had a problem, as my first delivery, I did not have much knowledge about delivered mothers and babies." (1:111)

The participants in the studies of Syed *et al.*, (2006:512-513) done in Bangladesh and Titaley *et al.* (2010:10) in Indonesia, also revealed that mothers did not have much knowledge about the danger signs in themselves and their baby that require immediate medical attention. WHO (2008:4) also acknowledged that the basic postnatal care includes providing information to support the woman in caring for herself and her baby.

One woman expressed dissatisfaction about insufficient examination of her baby as the midwives missed the baby's illness during the postnatal check-up.

"...I came for 7th day check-up, my baby had a problem but the nurse did not examine and see that till I made her aware that the child has yellowish discolouration of the eyes and after that she (nurse) mentioned the name of illness." (9:118)

Dissatisfaction of baby's care was found in the qualitative study of Coffey (2011:37) in Australia, concerning staff members that were too busy and where the women received confusing and contradictory advice from staff regarding care of their babies. The study identified that women are observant to the deviation of their baby's health condition and the midwives limitations on the examination of the babies.

3.4.2.3 Participants felt humiliated

Some women felt that the health providers humiliated them by communicating in a disrespectful and impolite manner. In the current study many women were concerned about the manner in which the midwives communicate to them. This is one factor that has affected postnatal services critically and nationally.

"When I come, I find another person (nurse) and she did not talk to us politely. Sometimes when a person (woman) do not remember the vaccine that her baby should get, then she would scold me and ask why have you forgotten the vaccines that is written in the booklet?"(anger displayed on the woman's face) (3:109)

One participant in the study of Mrisho *et al.* (2009:8) emphasised that health care providers should behave kindly so as to communicate, respond positively and politely to their clients. Hove *et al.* (1999:27) found that some mothers in Zimbabwe expressed displeasure about the bad attitude from staff members at the clinic during the postnatal visit. In addition the British National Institute for Health and Clinical Excellence (NICE) (2006:3) reported that all health care professionals should treat mothers and their babies with respect, dignity, kindness and understanding and explain their care simply and clearly.

3.4.3 Suggestions of women of ways to improve postnatal care

Various suggestions were mentioned by the women to improve postnatal care. Staff shortages, lack of skilled health care workers, adjusting services to avoid women having to spend long hours waiting for services need to be considered

3.4.3.1 There should be more skilled qualified midwives

In this study women were concerned about not enough skilled midwives would be able to assist and better supervise the junior staff to provide quality postnatal care to promote the optimum health of the women and their babies.

"Nurses were not around to supervise and check what the student nurse midwife is doing. There should be more midwives" (5:111)

According to Babalola and Fatusi's (2009:9) study done in Nigeria, poor staffing of the health facilities makes it difficult to provide proper and adequate services during the postnatal period. Nancy *et al.* (2006:1) indicated that the availability of skilled midwives is important in assuring high quality antenatal and postnatal services.

3.4.3.2 Midwives should receive regular in-service training

Some of the women emphasized that midwives should have training specifically on the Mother Child Health Care and also be given an opportunity to attend refresher courses as a measure to improve postnatal services. The participants perceived that empowering midwives with knowledge, would assist them to provide information and education to mothers on their care and babies

"The nurses must be trained to communicate politely and give themselves time to talk with the mothers about their individual health and that of the baby after delivery..... ." (3:114)

"The nurses should be trained on how to do their work and talk to people."(13:123)

According to the WHO (2008:87) one study from Tanzania reported that midwives need more support and training to provide postnatal care. The issue of training was not only emphasized by the women but also by the midwives who mentioned the need for their continued training on postnatal care to improve coverage and quality of postnatal services.

3.4.3.3 Staff should be encouraged to treat patients with respect

Some women felt that they were not respected because nurse's attitudes towards them were insensitive.

" Health workers should be taught to talk to people in a polite and correct way." (14:121)

The suggestions above are supported by Mrisho *et al.* (2009:8) when they narrated the story of one participant who told them during an interview that she request that health care providers should behave more kindly, use polite language while interacting with their clients. WHO (2008:4) and Syed *et al.* (2006:508) also proposed behaviour change of communication by health care providers.

3.4.3.4 Staff should first attend to women who come early

Most participants felt that they spent long time waiting for services during the postnatal visits, even when they come early. The health care providers have to encourage all women to come early. However the participants perceived that this is caused by shortage of health care providers.

"Those mothers who come early should be given education and services and then allowed to go home and those who come late at 12 noon will be served at this time, this will cause them to come early like others".(4:115)

Mrisho *et al.* (2009:8) revealed that some participants in their study reported that due to shortage of skilled health care providers, they spent lot of time at the clinic during each postnatal care visit. In contrast some women felt that having a timed visit at postnatal visit was easier and convenient as they could combine activities with going to see the midwife for the postnatal check up (Lewis, 2009:793).

3.4.3.5 Maternal child services should be integrated

One woman suggested that maternal child services should be integrated to provide optimum care for convenience of both the mother and baby's health.

"I self request that services to be given at clinic, mother and babies all, when baby is ill you have problem."(8:117)

The participant's suggestion is in line with other study findings (Sines *et al.*, 2007:11, WHO, 2010). These documents revealed that postnatal care require coordinated care for both woman and baby whenever services are offered at health facilities or in the community. Sines *et al.* (2007:5) also recommended that programs that target mothers and newborns should integrate postnatal services into their existing and new delivery strategies. In addition many countries' programmes provide ideal opportunity to deliver integrated postnatal care services through existing systems, such as model of Integrated Management of Neonatal and Childhood Illness (IMNCI) in India and Bolivia.

3.4.3.6 Women should receive health education regarding postnatal care services

Some women suggested that the nurses have to support them by teachings concerning their care and that of their babies after delivery.

"I think nurses must educate the mothers about the problems that may happen after delivery."(1:112)

"Yes we should be given a teaching on our self and babies after delivery."(3:114)

WHO (2008:4) recommend that besides clinical interventions, main care should include providing information to support the woman in caring for herself and her baby and also building the support of family and community.

3.4.3 Perspectives of midwives of ways to improve postnatal care

The following are the themes and subthemes that emerged from the perspectives of midwives on ways to improve postnatal care. Table 3.4 captures their views.

Table 3.4 – Three (3) themes and twelve (12) sub-themes regarding the perspectives of midwives of ways to improve care

Themes	Sub-themes
3.4.4.1 Staff related improvements	• Staff should receive continuing education
	• Guidelines should be standardized
	• More competent midwives should be appointed
	• Staff should be sensitized to protect privacy
3.4.4.2 Organizational related improvements	• Design of new buildings must be carefully considered
	• Immediate postnatal care must be emphasized to replace the 7th day visit
	• Better incentives and recognition of midwives
	• Integration of maternal and child services.
3.4.4.3 Community related improvements	• Mothers should be visited at home
	• Male partners should be involved in postnatal care
	• Promote community's norms and alter those that are unfavourable towards mothers and babies health
	• Health education should be provided for the community members

Midwives working with postnatal women suggested a number of interventions to improve postnatal care. Interventions such as in-service training and workshops should be offered to improve services and skills, better remuneration should be provided and Midwifery should be recognised as an additional qualification. They also suggested the need to increase the number of skilled midwives in order to alleviate the workload on current staff so that they can provide quality maternal and child care.

3.4.4.1 Staff related improvements

- **Staff should receive continuing education**

Participants recommended that staff should be trained on the physical and psychosocial care of women to improve their competency. Continuing education was an underlying theme in both individual interviews with women and focus groups with midwives.

"Again to add on that, there should be continuing education, it (Education) should still be there because - about the 7th day (visit), most of us still do not understand why it (7th day visit) should be there."(6:127)

" the nurses should be retrained on how to do their work....." (13:123)

Mrisho *et al.* (2009:8) found that the participants in their study done in Tanzania, felt that they required refresher courses and training to improve job skills to provide a quality maternal and new- born services.

- **Guidelines should be standardized**

Midwives in focus group one felt that the postnatal care guidelines are changed frequently and that they are not well informed on changes by maternal and child health programmes

"guidelines should be standardized and not continuously changed." (2:124)

According to NICE (2006:4) all health care professionals caring for women and their babies should meet the national standards agreed for their role in service.

- **More competent midwives should be appointed**

The participants complained of a shortage of midwives that lead to an increased workload and poor provision of postnatal care. They suggested that more posts be created and more midwives appointed to increase the number of skilled midwives.

"Maternity ward and MCH should be staffed with competent, interested and experienced midwives." (2:125)

According to Nancy *et al.* (2006: 1) the availability of skilled health care providers particularly midwives, is critical in assuring high quality postnatal services, she added on to show that the Millennium Development Goal for maternal health is unlikely to be achieved without attention to the recruitment and retention of health professionals. According to Mrisho *et al.* (2009:8) addressing staff shortage through increasing training opportunities and incentives to the health care providers and developing postnatal care guidelines are important steps to be undertaken to improve postnatal care.

- **Staff should be sensitized to maintain the mothers privacy**

Some participants emphasised the need for the staff to be sensitized to protect privacy at all times.

"...and privacy cannot be maintained at all.....attending to patients and other such as those of the registers do not allow privacy, you cannot maintain privacy...really the staff have to be sensitized to maintain privacy of the patients." (5:133).

" workload caused by increased registers should be reduced to avoid you ending up (bitter) calling out and saying, how is your CD4? Those who have come for VDRL should come." (4:133)

NICE (2006:3) guidelines state that health professionals should treat the women and their babies with respect, dignity, kindness all the time with consideration to privacy.

3.4.4.2 Organizational related improvements

- **Design of new buildings must be carefully considered**

The participants indicated that the newly constructed clinic's rooms are very small, could not accommodate all the women, specifically during the health education sessions, severe weather conditions and seem to be unhealthy for both women and babies due to poor ventilation hence the design of new buildings must be carefully considered to accommodate all the activities that need to take place into consideration.

"Really these buildings are of low standards than those old building." (2:132)

"So everything isrooms are small, this mothers wherever they are seated, all over they are flocking, talking about infection control is now totally absent... because everywhere the

mothers are flocking , the rooms, the windows are very small, the issues about infection control is absent".(5:133)

"we do not give health education well , because of these severed infrastructure, to provide 100 people education in such a small cubicle like that, they do not even listen to what you are saying, we end up being reluctant to provide health education".(2:133)

Ugboaja *et al.* (2013:46) found that the provision of access to the reproductive health to women in African countries, of which Lesotho is one, entails provision of inadequate health facilities and road network. They add on to say, identified main determinants of postnatal care, which in maternal education is hampered by small structured hall and room at health facilities.

- **Immediate postnatal care must be emphasized to replace the 7th day visit**

Some midwives suggested that proper physical examination should be done to women and their babies before they can be discharged home after delivery, hence that would replace the 7th day visit to the clinic after discharge.

"Actually that 7th day postnatal visit was introduced because women, who were positive, should bring their babies for check."(6:143)

"Another point is that this 7th day check-up was done for Prevention of Mother to Child Transmission (PMTCT) services, at the beginning when ARV were taken at 7th day".(2:142)

"I suggest that the 7th day should be abolished at all. Staff should be increased in maternity ward, where this woman has been referred from, the staff will see to it that this woman is fully examined to see that tampons are not left, and then she will come for six weeks".(4:142)

In contrast to the suggestions of participants in the current study, the WHO (2010:9) guidelines stress the importance of a 7th days visit even if the HIV status is not positive. Furthermore Syed *et al.* (2006:516) emphasized that postnatal check-up within 72 hours should be made compulsory to improve maternal and newborn's health and lower mortality rate.

- **Better incentives and recognition of midwives**

The midwives linked the idea of provision of quality care of maternal services, to getting better incentives such as refresher courses, increased salary and recognition of the midwives in the country.

"Yes if someone with general nursing (only qualification) will be in the same position (earn the same salary) with me (midwife), I do not feel I can do something more than she can do what she does."(6:142)

"To provide a quality nursing care indeed you need that motivation and if you do not get motivated, really our services will not be perfect"(1: 142)

The participants of Mrisho *et al.* (2009:8) suggested that incentives should be offered to improve job performance. The midwives suggested that they have to be recognized for their qualification as professional midwives and thus would serve as a motivator.

3.4.4.3 Community related improvements

- **Mothers should be visited at home**

Midwives suggested that there is a need that delivered women should be visited at home after discharge from the facilities and that mothers who delivered at home, should be followed up to ensure the good health of mother and newborn.

".as the mothers say they are weak, the community health nurse should visit them at home, to see how they do and guide them on what to do."(3:132)

The study of Titaley *et al.* (2006:14) noted that home-based postnatal care services might help provide essential newborn care to high risk mothers and infants. Additionally postnatal care services can be delivered at a health facility or through home visit by health care workers (Warren *et al.*, 2006).

- **Male partners should be involved in postnatal care**

Some midwives suggested that the women's partners / husbands have to be involved in postnatal services for receiving information on maternal and newborn care and to support the mother.

"...usually the husband are not involved in the postnatal care, it is as if they are supposed to be at ante-natal care but not postnatal care"(4:132)

".....so that they (partners) care for the baby together and he assist the woman as well. If the wife is not there he will have a problem to care for baby." (5:133)

WHO (2008:88) emphasized that maternal health programmes should be receptive to mothers and their husbands, grandmothers and influential family members to advise and support. The findings in this study is similar to previous studies (Syed *et al.*, 2006:509; Babalola & Fatusi, 2009:8) in promoting positive maternal and newborn practices, basically targeting family decision makers like husbands, mothers in law and village leaders.

- **Promote community norms and alter those that are unfavourable towards mothers and babies health.**

Some of the participants in the present study recommended that health education should be provided to the community members concerning mother child health services on cultural norms.

"One other is about culture, in postnatal period you find most of the time, the primigravida mothers, most of the time they do not breast feed the baby, they say that in their culture the baby has to be circumcised first (cord stump to fall) before they can breastfeed , some cultural norms need to be changed."(1:134).

"Health education must be given on postnatal care.....especially primigravidas to bring along their husbands and mothers in law to the clinic."(6:133)

The NICE (2006:5) guidelines state that women's care and provision of information should be appropriate, their cultural practices should be taken into account. NICE added on that woman and their family's views, beliefs, values in relation to her care and that of her baby should be sought and respected all the times.

- **Health education should be provided for the community members**

Some of the midwives in the present study recommended that importance of postnatal care have to be emphasized during antenatal care period and also in the community to ensure that women and the community get information about postnatal care services.

"Information should be provided to the mother in laws especially starting at antenatal care and continued at postnatal period."(5:141)

"If husbands and mothers in law are encouraged to attend postnatal clinic to get health education regarding the risks to mothers during this period, the mothers in law are the ones that help the woman after she deliver." (7:141)

Babalola and Futisisi (2009:2) found that antenatal care exposes pregnant women to counselling and education about their health and newborn health care. The findings revealed that women stay at home to regain body weight and strength that was depleted during delivery. The study of Salmin (2009:1) done in Uganda, found that there is a need for health care providers to sensitize community of the importance of postnatal care services and on complications that may arise during postnatal period.

3.4.5 Mothers' reasons for not attending postnatal care

Table 3.5 below captures themes and sub themes related to women's reasons for not attending postnatal care.

Table 3.5 Three (3) themes and four (4) sub-themes regarding mothers' reasons for not attending postnatal care

Themes	Sub-themes
3.4.5.1 External factors	<ul style="list-style-type: none">• Geographic and socio- economic factors
	<ul style="list-style-type: none">• Socio-cultural factors
3.4.5.2 Internal factors	<ul style="list-style-type: none">• Deprivation of freedom
3.4.5.2 Organizational factors	<ul style="list-style-type: none">• Experiences with health facility staff

3.4.5.1 External factors

In the following phase the aspects relating to external barriers to mothers for not attending postnatal care services are highlighted. The reasons include geographic and socio-economic factors.

Some of the participant's reasons for not bringing their babies for postnatal services include the region and type of residence and economic status of the women, lack of access to the

health care service facilities resulting from lack of transportation and financial support are some impeders mentioned by the women. Socio-cultural factors also emerged as one predictor of utilizing postnatal care services.

- **Geographic and socio-economic factors**

The participants mentioned that they had to travel for a long distance from their village to the clinic and that were unable to walk carrying babies to such health facilities.

"...The baby was small and I have to walk a longer time from my village before getting to the bus to clinic" (1:136)

Some literature supports the finding in this study. Dhakal *et al.* (2007:2) and Titaley *et al.* (2006:11) noted that mothers in Nepal admitted that the long distance to the health facility was a major problem and that smaller than average-sized infants were less likely to receive postnatal care. This was attributed to perceived vulnerability of small babies which led their mothers not to take them to the postnatal care services. Additionally as found in other sub-Saharan countries, mothers and their babies born in rural areas do not utilize services due to reduced access to health care services from inadequate transportation infrastructure.

- **Socio-cultural factors**

The social context and the women's norms have a direct influence on the use of health care services. The social context with their norms related to the authority of males, in-laws and community in which the women live, can limit the autonomy of women but also influence their health behaviour.

One of the women, who did not attend postnatal care services, mentioned that she was cared for by the village midwife. This signify that women do not differentiate postnatal care provided by village midwife (women who are known for their ability to deliver but are usually not trained) to professional midwifery care.

"was delivered by the birth attendant who promised to care for me and the baby." (2:137)

The study of Dhakal *et al.* (2007: 7) identified that majority of women in Nepal recommended that there should be better postnatal care services and skilled health care providers in their community. According to Chalmers (1990:23) in traditional African culture infants illness is often treated by a traditional healer.

Most participants reported that they did not attend postnatal services because they have to stay indoors for a few weeks after delivery before exposing herself and baby outside.

"... the problem is, I have to wait for the baby's umbilical cord to fall off and must be indoors for at least two months"(2: 137)

'My mother carried the baby to the clinic for injections.' (1:135)

Salmin (2009:6) and Dhakal *et al.* (2007:8) identified that traditional and village midwives hinder postnatal mothers to attend postnatal clinic. In this study the cultural environmental health is identified to be a main determinant of women to seeking postnatal health care. As explained by Orem (2001) the environment is the domain in which people exist, the interaction between the environment and people affects health and well-being throughout the life circle.

3.4.5.2 Internal factors

- **Deprivation of freedom**

In this study, it was found that some women understand the value of postnatal care but that their husbands and the in-laws control her movements. Restriction of some women's movement denies them the freedom to go to health facilities.

" Eeer (pause) my mother carried the baby to the clinic for injections ..., did not have problems, so..... (pause) I did not have problem." (1:136)

Warren *et al.* (2006:3) also found that lack of awareness and perceived need for postnatal care by women and their families was one barrier to access postnatal care.

One participants indicated that they feared to come for postnatal service, hence they delivered at home and when they come for postnatal care services, health care providers would want to perform some tests to rule out infections and they would be exposed.

"me, nurse, I could not come for check-up, like I delivered at home. I fear that they will do HIV test on me.....find that I have AIDS and tell others." (9:137)

Most women reported fear of being tested for HIV in the postnatal period. This is coupled with fear of disclosure of their status even to the health care providers (Holzemer *et al.* 2007:548).

Likewise, in this study it was found that women with no finances of their own have no power to take part in decision-making process about health care in the family. WHO (2008: 80) indicated that many communities in Africa observe a period of seclusion, if mothers or baby become ill during the seclusion period, seeking formal health care is often delays.

".....never know had to come back.....after all, I was healthy." (3:139)

Warren *et al.* (2006:3) found that lack of knowledge or no perceived need for postnatal care by women and their families was one barrier to access postnatal care.

3.4.5.3 Organizational factors

- **Experiences with health facility staff**

This study revealed that participants are given inadequate counselling and information regarding postnatal care services by the midwives.

"I came to the clinic' shelters because, I live far from the clinic, stayed for a month before I delivered my baby.... You see on discharge the nurse injected (BCG, Polio!) her. Never know had to come back after all, I was healthy." (3:138)

The studies of Titaley *et al.* (2010:13) and Babalola and Futisi (2009:9) found that education and support exerts effect on health-seeking behaviour. Antenatal care counselling could improve mothers' awareness and knowledge of the importance and availability of postnatal care and also to motivate them to utilise postnatal care services.

Expecting not to be examined thoroughly hampered some women from attending postnatal care services as the quality of care that she received with her previous children was not satisfactory.

".....no 'me I was never checked (examined) with my previous two babies. They (nurses) only examined my baby, at times we need also to be examined to check our condition."(6:140)

In the study of Wray and Davies (2007:1) many participants were disappointed by the examination which they received from the midwife. Some did not receive physical examination nor were told whether or not their bodies had recovered or not.

In the current study most of the mothers who came for postnatal care services expressed their dissatisfaction about the long waiting hours for postnatal services, likewise one participant who brought her baby for vaccination reported one reason why she did not come for postnatal care was the long waiting time.

"We wait for long time, while waiting for services, they do not want to help us in time....get home late."(10:145)

This finding is supported by Mrisho *et al.* (2009:8) who found that mothers spent long hours waiting for maternal services. Nancy *et al.* (2006:5) found that in other health facilities there was a problem of poor staffing and long waiting times before mothers receive maternal and child services.

Participants felt that some health care providers cannot keep their clients secrets. In the current study, women who had a positive HIV status were concerned about the separation of examination rooms where HIV positive and negative women are being provided postnatal care.

"They do not care much about the person's secrets..... The rooms are separated and everyone seeing me enter there know from what disease I suffer."(9:137)

Holzemer *et al.* (2007:548) found that one of the problems identified in their study were that HIV- infected women receive inadequate information about postnatal care, however even when they had knowledge, many expressed fear of stigma and discrimination that reduced their access of care. Nguyen *et al.* (2009:151) also found that most women reported both felt and enacted stigma that affected their access to the postnatal services.

3.5 CONCLUSION

Some of the common themes that were found in more than one step were that more skilled midwives need to be appointed to be able to provide better supervision to students, provide good, informative health education to women and to examine women who attend postnatal care at the clinics, holistically thus physically and emotionally.

Midwives seem to be lacking behind with current knowledge regarding postnatal guidelines, and also needs to be updated with continuous education on maternal and newborn care to improve and provide quality postnatal care. The common concern of the mothers is the negative attitudes of the midwives towards them. The study revealed lack of sensitivity of health care providers to communicate politely and treat patients with respect as well as to protect their privacy and confidentiality irrespective of their health status.

Inadequate building infrastructure leads to suboptimal provision of health education and hinders some activities to be done on women and their babies. This led to mother's dissatisfaction and a threat to privacy. The clinics were new however the rooms were very small in size to accommodate all the mothers who attend postnatal care. It is particularly essential to have enough and adequate rooms such as waiting rooms, halls for conducting health education to avoid overcrowding and impairment of maternal and newborn services.

The study highlighted poor integration of maternal and child health services and long waiting times.

In this study some mothers felt that postnatal check-up is essential even though there are some barriers that prevent them to attend. Among the reasons given for not attending postnatal care included long distance to the health facility, poor transportation and roads to the clinics, poverty/socio-economic, fear of HIV- stigma and socio-cultural factors. Orem's theory show that interaction between the environment and patient affects health, well-being (see 1.4.1.3) mother in this study are influenced by her internal and external factors environment.

Effective interventions need to be taken by the programme management and policy level to ensure that the findings are taken into consideration through targeting individual, households, community factors that facilitates the improvement of postnatal services - such as the availability of postnatal health services and skilled midwives in the health facilities within the reach of the mothers as well as designing and testing new service delivery strategies.

Health problems during the postnatal period such as weakness hinder some women to utilise postnatal services immediately after birth of their babies. The midwives felt there was a need for women to be visited at home by the community health nurse or other trained health care providers such as community health workers to provide postnatal care services.